

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: _____

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
Sm./Lg.					Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101				345	690	= 690
Total Claims >20	203/103	28	-20 = 8	X	9	18	= 144
Independent Claims >3	202/102	2	-3 =	X	39	78	=
Mult. Dep Claim Present	204/104				130	260	=
Surcharge	205/105				65	130	= 130
English Translation	139						
<u>TOTAL FEE CALCULATION</u>							<u>964</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 964

Less Filing Fees Submitted - \$ _____

BALANCE DUE = \$ _____

Marcia Gordon
Office of Initial Patent Examination

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	28 minus 20=	8
INDEPENDENT CLAIMS	2 minus 3=	
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

RATE	FEE	RATE	FEE
	345.00		690.00
X\$ 9=		X\$18=	144
X39=		X78=	
+130=		+260=	
TOTAL		TOTAL	834

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.